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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 16

Application Number 10/738,498

Filing Date 12-16-2003

First Named Inventor Rozas, Carlos V.

Art Unit 2139

Examiner Name Le, Canh

Attorney Docket Number P17255

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard, Petition for extension of time.		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>Authorization is granted to charge \$1,050.00 for the three month extension of time to Deposit Account 50-0221. If necessary, please also charge any additional fees or credit overpayment to Deposit Account No. 50-0221.</td> </tr> </table>			Remarks	Authorization is granted to charge \$1,050.00 for the three month extension of time to Deposit Account 50-0221. If necessary, please also charge any additional fees or credit overpayment to Deposit Account No. 50-0221.
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	/Sharmini N. Green/		
Printed name	Sharmini N. Green		
Date	7/17/08	Reg. No.	41,410

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	/Mary Jacobs/		
Typed or printed name	Mary Jacobs	Date	7/17/08

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